

Statement of Contributions Received

Prescribed by Secretary of State 2/01

Name of Committee in Full HOWARD BOND FOR COUNCIL									
Full Name of Contributor Ruby L. Bond						Registration Number, if PAC N/A			
Street Address 3900 Rose Hill Avenue #802A			Employer/Occupation/Labor Organization City Health Nurse - Dept. of Health				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45229		M 0	D 5	Y 2	Amount 1,000.00	
Full Name of Contributor Sandy L. Sherman						Registration Number, if PAC N/A			
Street Address 5418 Carrahen Court			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45237		M 0	D 6	Y 1	Amount 100.00	
Full Name of Contributor Eugene L. Saenger, Jr.						Registration Number, if PAC N/A			
Street Address 690 Cedar Crest Lane			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45230		M 0	D 6	Y 2	Amount 100.00	
Full Name of Contributor Gary A. Dowdell, Sr.						Registration Number, if PAC N/A			
Street Address 11890 Britesilks Lane			Employer/Occupation/Labor Organization Procter & Gamble				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45249		M 06	D 2	Y 6	Amount 500.00	
Full Name of Contributor Clayton Bond						Registration Number, if PAC			
Street Address Bogota, Unit 5108			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City APO		State A A	Zip Code 34038		M 0	D 6	Y 2	Amount 100.00	
Full Name of Contributor Edward W. Whitson						Registration Number, if PAC N/A			
Street Address 2695 Firtree Court			Employer/Occupation/Labor Organization Retired				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45223		M 0	D 6	Y 2	Amount 500.00	
Full Name of Contributor Keith Borders						Registration Number, if PAC			
Street Address 1240 Avon Drive			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check		
City Cincinnati		State O H	Zip Code 45229		M 0	D 6	Y 2	Amount 100.00	
Full Name of Contributor James A. Franklin						Registration Number, if PAC			
Street Address 1155 Towne Street, #4			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) cCheck		
City Cincinnati		State O H	Zip Code 45216		M 0	D 6	Y 3	Amount 100.00	

* Required for contributions over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

Page Total \$ 2,500.00

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Name of Committee in Full HOWARD BOND FOR COUNCIL										
Full Name of Contributor Bobbi J. Wilson						Registration Number, if PAC N/A				
Street Address 1605 Young Street, Apt. #1			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.) Check			
City Cincinnati			State O H		Zip Code 45210		M 0	D 6	Y 3 0 0 3	Amount 50.00
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount
Full Name of Contributor						Registration Number, if PAC				
Street Address			Employer/Occupation/Labor Organization				Form (Cash, Check, etc.)			
City			State		Zip Code		M	D	Y	Amount

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Page Total \$ 50.00